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Improving the Self-Esteem of At-Risk Youth

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Abstract

This study, which is part of a larger study, describes and evaluates a federally-funded (U.S. Administration for Children and Families, CBAE) program, RESOLVE, designed to increase self-esteem and encourage healthy life choices of at-risk youth. This program combines an educational component teaching healthy lifestyles, goal setting, and refusal skills to avoid unhealthy behaviors with a vocational training component. Preliminary data from post-test analysis show increased content knowledge and modest increases in self-esteem suggesting that this program is a promising way to reach a challenging population. It incorporates best practices in health education by taking a holistic approach and addressing physical and mental health along with vocational training and mentoring.

Current concerns for at-risk youth center on the devastating impact of unhealthy lifestyle choices leading to early pregnancy, STDs, and alcohol or drug dependency. Preventing these poor choices can have far-reaching impact on the future social, academic, and vocational success of these vulnerable adolescents. Furthermore, lifestyle choices both reflect and influence self-esteem.

The data reported in this study describe and evaluate a program, RESOLVE, designed to increase self-esteem and encourage healthy lifestyle choices of at-risk youth. This federally-funded (U.S. Administration for Children and Families, CBAE) program combines an educational component teaching healthy lifestyles, goal setting, and refusal skills to avoid unhealthy behaviors with a vocational training and recreational component. The emphasis of this evaluation is to assess the impact of program participation on self-esteem and knowledge of healthy behaviors.

Self-esteem was chosen as a target variable for intervention based on its central role in predicting mental health and well-being, as well as enhanced health and social behaviors (Mann, Hosman, Schaalma, and deVries, 2004). Strong family and community relationships are predictors of high self-esteem (Greene and Way, 2005). These relationships are disrupted for foster care youth, placing them at risk for low self-esteem.

Low self-esteem and disruption in family and community relationships is associated with poor social and lifestyle choices. For example, lack of a father figure and low self-esteem are associated with higher risk of teen pregnancy among Jamaican youth (Keddie, 1992). Adolescents who had lower self-esteem at baseline reported initiating sex earlier and having had risky partners (Ethier et al., 2003). Peer group programs that increased self-esteem among youth with severe behavior problems from dysfunctional families helped to reduce problem behaviors (Frank, 1996).

A number of programs designed to encourage healthy life choices among at-risk adolescents have been reported in the literature. The most successful programs combine

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traditionally-presented curriculum with opportunities for practical application outside the classroom. For example, the Teen Outreach Program (Allen, Philliber, and Hoggson, 1990) links volunteer work to classroom experience for at-risk youth. The program significantly reduced pregnancy and school drop-out rates among participants across a spectrum of ethnic groups. A similar program, the Quantum Opportunities Program (Hahn, Leavitt, and Aaron, 1994) offers education, mentoring, and volunteer service opportunities to disadvantaged youth. School drop-out rates and teen pregnancy decreased, while employment or further education increased.

The Reach for Health Community Youth Services Program (O'Donnell et al., 1999) reduced sexual risk behavior in minority adolescents through classroom health curriculum that included an organized service component. The combined program was more effective at encouraging healthy lifestyle choices than the educational component alone. A meta-analysis of 23 evaluations of school-based pregnancy and sexually transmitted disease prevention programs (Kirby et al., 1994) found that the most successful programs combined information with experiential activities, modeling, and practice in communication and refusal skills. Indeed, the most effective youth development programs appear to be those that take a holistic approach and combine education with vocational training or volunteer opportunities along with a focus on mentoring and mental health (Johns, Moncloa, and Gong, 2000; Scales, 1990; Snow, Tebes, Arthur, and Tapasak, 1999).

Subjects

The at-risk population included in this study is comprised of youth between the ages of 12 and 18 living in a residential group foster care facility along with a small number of youth referred through the Committee for Special Education (CSE). All residents have been unsuccessful in family-based foster care as a result of emotional or behavioral problems. A subgroup has been diagnosed with cognitive disabilities. The residential program provides a supervised therapeutic environment intended to enable residents to lead productive adult lives. Distribution of the youth by age, sex, and ethnicity is found in Table 1.

Table 1

RESOLVE DEMOGRAPHIC DATA POST-TEST SAMPLE

Age	Mean = 14.51	Range = 10 – 19 years
Sex	Male = 48 (44%)	Female = 61 (56%)
Ethnicity	African-American =	66 (60.6%)
	Hispanic =	33 (30.3%)
	White/Other =	10 (9.1%)

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Methods

RESOLVE was developed to increase healthy lifestyle choices and improve self-esteem among adolescent residents of a foster care facility. The educational curriculum is delivered in eight two-hour sessions by a trained health educator presented to 8-12 youth in the cottage in which they reside. Topics include goal-setting, social and communication skills, coping skills and decision-making, self-esteem, sexual and reproductive health, and making healthy lifestyle choices. In addition, youth living on campus participate in vocational and/or recreational activities. The vocational training component includes 20 hours of supervised training in a chosen vocational skill, such as cosmetology, plumbing, or carpentry. The recreational component includes 20 hours of supervised participation in chorus, basketball, cheerleading, or arts and crafts sessions. Instructors use the vocational or recreational setting as an opportunity to discuss practical applications of curriculum material. In both settings, students receive mentoring and individualized attention from the instructor.

Students complete a pre- and post-test assessing self-esteem, self-concept, and curriculum knowledge. The questionnaire is administered in a group to each cottage by the principal investigator or a trained research assistant. Additional data collected includes attendance at curriculum, vocational, and recreational sessions.

Measures

Means and reliability scores for all measures can be found in Table 2.

The Rosenberg Self-Esteem Scale (Rosenberg, 1965). This 10-item measure assesses self-esteem using a 4-point Likert-type scale. It is the most widely used measure of self-esteem with well-established reliability and validity.

Content Test (Levine, 2007). A twenty-item scale was designed for this study to measure curriculum content knowledge. Responses were given on a 4-point Likert-type scale.

Table 2

RESOLVE PRE- AND POST-TEST DATA N=91

MEASURE	PRE- TEST MEAN	PRE- TEST SD	POST- TEST MEAN	POST- TEST SD	ALPHA
Content Knowledge	36.77	7.25	38.49	6.79	.48
Rosenberg Self-Esteem	20.25	5.12	21.01	4.91	.73

Three subtests of the *Multidimensional Self Concept Scale* (Physical, Social, and Competence Subscales; Bracken, 1992) were also administered but results are not

reported here. Participants seemed to find these questions confusing, limiting the reliability and validity of these results.

Results

Pre-test results show that over all, initial youth responses fell within the normal ranges of self-esteem and self-concept relative to national norms. Paired t-tests were computed for youth (N=91) who completed both the pre-test and post test. These comparisons show a significant increase in mean content knowledge and a modest non-significant increase in mean self esteem scores (see Table 3).

Table 3

RESOLVE PRE- AND POST-TEST DATA N=91

MEASURE	PRE-TEST MEAN	POST-TEST MEAN	T-VALUE	SIGNIFICANCE
Content Knowledge	36.77	38.49	-2.26	.03
Rosenberg Self-Esteem	20.25	21.01	-1.38	.17 (NS)

Youth who had been pre-tested, whether or not they had received the curriculum, are included in recreational-vocational attendance measures. Results of correlation of change scores of content knowledge with hours of participation in vocational activities show the significant effect of these additional activities on healthy life-style content knowledge (see Table 4). Participation in vocational activities did not relate to level of change in self-esteem. Data on participation in recreational activities is still too preliminary to analyze.

Table 4

CORRELATION OF CHANGES IN KNOWLEDGE AND ESTEEM WITH VOCATIONAL PARTICIPATION

	Change in Knowledge	Change in Self-Esteem
Hours of Vocational Participation	$R=.27$ ($p<.04$)	$R=-.07$ (NS)

Discussion

Increases in content knowledge were significant among this at-risk adolescent population. This reflects a positive impact of the curriculum on a broad spectrum of healthy lifestyle behaviors including knowledge about pregnancy and STDs, refusal skills, planning and goal setting. This knowledge and skill set was further enhanced for those who participated in the vocational training activities, suggesting that acquiring vocational skills may help these youth to focus more clearly on applying this knowledge.

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The educational research literature supports the value of knowledge distributed over time and contexts. In this study, the healthy lifestyle curriculum was delivered in structured classroom sessions as well as during vocational and recreational activities. The success of this instructional combination is consistent with the findings of other programs targeting at-risk youth (eg. Allen et al., 1990; Hahn et al., 1994).

In contrast to predictions from the literature, at-risk youth in this study initially reported self-esteem within the normal range. This suggests the possibility of inflated self-report which may be understood as a self-protective mechanism. Consequently, only modest increases in self-esteem were reported following participation in formal curriculum, vocational and recreational activities.

Youth encountered several challenges in completing the written measures. Their limited attention, reading level, vocabulary, and critical thinking skills apparently interfered with their ability to accurately reflect their knowledge, attitudes and beliefs. In addition, the questionnaire was long, challenging their limited attention span, particularly for questions presented later in the test. Compounding this problem, it has been reported that adolescents are not likely to ask for clarification in public situations (Volet & Karabenick, 2006), which may explain why in this study, youth did not ask for explanations of unfamiliar vocabulary and phrases in the test questions. To respond to these concerns discovered in phase I of the study, the questionnaire is being considerably shortened for phase II, to include only 40 questions assessing self-esteem and content knowledge. We also plan to develop and test a script for clarifying the meaning of unfamiliar words and terms included in the test, rather than simply prompting youth to ask for clarification.

This is an ongoing study and we plan to assess self-esteem and knowledge again in six-month increments. These later assessments may reflect greater change in self-esteem, which is understood to be a relatively stable construct which changes slowly over time.

One unanticipated benefit of the program was the positive influence of the health educators on the participants, particularly the girls. Participants clearly saw them as role models who they aspire to emulate for their educational and occupational accomplishments. The educators have used this opportunity to enhance the efficacy of program content, highlighting the benefits of their personal choices for a healthy lifestyle and higher education.

These results suggest that the RESOLVE program is a promising way to reach a challenging population. It incorporates best practices in health education by taking a holistic approach and addressing physical and mental health along with vocational training, recreational activities and mentoring.

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